

# AMERICAN MEDICAL TIMES

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## LECTURE VI.—PART III.

## BRONCHITIS.—PNEUMONIA.

UPON auscultation we find that pneumonia is manifested in the child by a subcrepitan râle, by bronchial breathing, by bronchophony, and by dullness on percussion. The true small crepitation which is heard in the pneumonia of the grown person does not occur in infancy and childhood, except when the patient takes an unusually long inspiration, when the air enters the pulmonary vesicles, and a fine crepitus may be distinguished for a moment; when, however, a child breathes in the ordinary manner, the subcrepitan râle is present, and may be regarded as diagnostic of the disorder.

To this râle succeeds quickly enough bronchial respiration, marking the stage of hepatization of the lung. In the child, however, bronchial respiration is not the rough, strong, whistling sound, compared to that produced by blowing air through a quill, which we have in the adult; on the contrary, it is rather feeble and indistinct, and is more allied to the bruit known as rough respiration. It is at first heard in expiration the moment in which the air drives strongly from the chest, vibrates against the walls of the bronchi, and is more clearly conveyed to the ear, both because the vesicular murmur is absent, and because the solidified lung tissue acts as a better conductor of sound. Then it becomes apparent both in expiration and inspiration, and is accompanied by an increase in the resonance of the cry and cough, and of dullness on percussion. The rapidity with which it comes on, and the stage of the disease in which the medical man is called upon, constitute it in very many cases one of the earliest appreciable rational signs.

Coincident with the bronchial respiration, in children who are old enough to enable us to judge by the alteration of the sounds of the voice conveyed through the walls of the chest, will be bronchophony, which most frequently begins with a slight exaggeration of the natural resonance, grows in intensity by degrees, then remains stationary for awhile, and finally, gradually diminishes and dies away. This bronchial voice is manifested in the child at the breast by the resounding of the cry and of the cough, which is easily recognised by the vibration communicated to the walls of the thorax, the ear of the listener at once referring it to a column of air traversing with noise, rapidity, and force, tubes extending through a solid substance.

In a case of pure pneumonia the subcrepitan râle of the first stage disappears entirely when hepatization of the lung has taken place, and bronchial respiration with bronchophony succeed to it. If the termination is to be a fatal one, these sounds become both more distinct and more extensive, prevailing over the whole of the posterior part of the chest, and being audible, also, in front. If, on the other hand, the disease progresses towards resolution, they are replaced from the sixteenth to the nineteenth day by a subcrepitan râle which answers to the resolving crepitus in the pneumonia of the grown person. This change, however, is slow in its advance; a little crepitus is heard at first, which day by day is heard over a larger space, then, by gentle gradations, becomes coarse in its character, like the coarse crepitus of bronchitis, and then is merged in the vesicular breathing, which shows that the pulmonary substance has reassumed its integrity.

AM. MED. TIMES, VOL. VII., No. 10.

There are some particular symptoms of pneumonia which deserve a word or two:

The pain in the side, which is very common in the pneumonia of mature age, if it exists in children, is very difficult to appreciate. In infancy they are unable to express any particular sensation, and percussion of the walls of the chest does not aid us in this instance as it does in pleurisy. When, however, our patients are older, this pain is more frequent and more easily made out. It is dull rather than acute, its duration is not prolonged, and it is increased by the effort of coughing and by percussion.

The most constant symptom is the cough, which is present in all subjects, begins with the earliest stage of the disorder, and lasts through its whole progress. On the first and second days it is short and dry—what is called a hack—then augments in frequency, and at the time of resolution becomes loose and moist. It is not unusual for it to occur in fits like the fits of whooping-cough; but the characteristic hoop is wanting, and the spasmodic expirations are not so intense as in the latter disease. Whether the rust-colored expectoration exists in infants and young children, admits of considerable doubt, but is a point not easy to determine, for the matters which the grown person rejects by spitting, children dispose of by swallowing.

In a disease affecting so profoundly the structure of the lungs, disturbance of the respiration is, of course, a prominent feature. Acceleration of the breathing is remarked from the commencement, especially in children at the breast, and runs up from 40 to 60 in a minute: in older children it rarely exceeds 68. It varies somewhat in its character in different cases, and even in the same case at different times of day; generally though quick it is even and regular, resembling the panting of a dog which has just been running; at other times it is unequal, short, and hissing; and at others, again, the inspiration is normal, while the expiration seems to demand some effort. As the pulse gains more and more frequency in the progress of the complaint, the quickness of the respiration appears to keep pace with it, or that they increase and diminish simultaneously. When the issue of the case is to be an unfortunate one, the breathing grows more and more rapid and difficult, and is associated with a violet color of the face and finger nails, convulsions, coma, and death.

The physiognomy of the child very often affords a clue to the mischief that is being perpetrated within the thorax. We have already referred to the alternate expansion and contraction of the nostrils which accompanies each breath. This movement is observed in nearly every case, is most marked at the commencement of the disease, and bears some relation to the acuteness of the inflammation, and the celerity of the respiration. A bluish coloring may also be remarked about the inferior eyelids in very young children, which becomes more and more distinguishable as the disease advances. The general expression of the face is that of anxiety and restlessness, which, however, towards the end of the attack, is replaced by a sunken and fatigued look which is truly pitiable.

The fever of pneumonia is exceedingly apt to be remittent in character, so much so, indeed, that I have known a child laboring under inflammation of the lungs to be treated by a physician of some experience for ordinary remittent fever. It presents, generally towards evening, a very marked remission, with heat of skin and increase in the frequency of the pulse. The elevation in the temperature of the skin is found, I believe, in no other disorder except scarlatina and typhoid fever, and possesses, as has been already said, a "pungent" feel. The rapidity of the pulse, too, is very great; it ranges from 120 in a minute to 220, which number was once counted by Trousseau. As the case verges towards recovery, this extraordinary frequency gradually fades away; if death approaches, although the pulse loses this character for a short time, it soon regains it, and becomes so swift and small, with the beats running so into one another, that it is an absolute impossibility to reckon it.



Pneumonia in children, then, is a disease which does not often commence abruptly as in the adult, but in the immense majority of cases is preceded by a greater or less amount of bronchitis. It is associated from the first with fever, disturbance of the respiratory function, loss of appetite, a peculiar physiognomy, cough, and certain auscultatory phenomena which in the beginning are not distinctive, but which quickly become so with the advance of the disorder. Its progress is unusually regular, and terminates either in recovery or death: if the former is to be the event, from the sixteenth to the nineteenth day a change is seen in the symptoms; the heat of skin, the rapidity of the pulse and the respiration, gradually diminish; the *alae nasi* no longer dilate, the appearance of the face grows more natural, the cough moist, a subcrepitant *râle* replaces bronchial breathing and bronchophony, which in its turn yields to a coarse crepitus, and finally, to the normal vesicular murmur, while the dullness on percussion also departs with the establishment of these signs of cure.

There is sometimes an imperfect sort of recovery, which, however, comes before a fatal issue. The more alarming symptoms lose some of their intensity, but the pulse retains its frequency, the face is pale, the respiration hurried, and the child wastes away; in other instances, again, all the symptoms grow in intensity until death closes the scene, but in both cases auscultation gives us evidence of extended hepatization of one or both lungs. The mode of death is by asphyxia.

Accustomed as we are to the striking and well pronounced symptoms of pneumonia in the adult—the abrupt commencement of the disorder, the peculiar ache in the side, the characteristic rust-colored expectoration, and the results of auscultation—considering these, it seems at first sight as if there could be no difficulty in the diagnosis of the same complaint in the child. Yet, though, as a general rule, this malady with due care may be easily recognised, there are very many cases in which it is liable either to be overlooked entirely or to be mistaken for some other disorder. For example, ephemeral fever, scarlatina, typhoid fever, and some cerebral affections, possess the same elevation of the temperature of the skin, the same hurry of the respiration, the same febrile movements, and frequently even the same short cough, that are found in pneumonia; and as in the early stage of the latter the auscultatory signs may be readily misunderstood, and the characteristic sputum throughout its course in children is absent, it is easy to perceive that the true nature of the case may be for some time a matter of doubt. It is not until the auscultatory phenomena are clearly and positively established that our hesitation is removed.

Pneumonia may be distinguished from bronchitis by the greater amount of fever, the intensity of all the symptoms, the dullness on percussion, the subcrepitant *râles*, bronchial breathing, and bronchophony. Subcrepitant *râle*, you will remember, is heard also in capillary bronchitis, but in that disease the walls of the chest are resonant; when dullness in its course appears anywhere I believe that it is due to the extension of the inflammation to the substance of the lung, producing partial or general pneumonia. Simple bronchitis, with its sonorous *râle* and coarse crepitus, cannot mislead you, particularly as the normal clearness on percussion is unimpaired.

Pleurisy is marked by much more severe pain than is to be found in pneumonia, and is oftener associated with cerebral disturbance. Children at the breast manifest the access of inflammation of the pleura by violent and continued screaming; whereas a child seized with inflammation of the lungs is sad and depressed, and restless, but does not cry much unless its comfort be interfered with. In both there is dullness on percussion; but in one there may be a friction-sound, and certainly is no subcrepitant *râle*, while in the other there is no friction-sound but the characteristic crepitus. Dr. West thinks that "it may be laid down as a rule, subject to but few

exceptions, that whenever a child is suddenly seized with symptoms which, while they indicate some affection of the lungs, are yet unattended with the auscultatory signs of pneumonia, the disease from which it is suffering is pleurisy; and this probability is rendered almost a certainty if, while the child bears percussion on one side of the chest, it cries and struggles on the slightest attempt on percussion of the opposite side."

There may be cases in which it is impossible to mistake pneumonia at the apex of the lung for tubercles occupying that situation; for if a child be presented to us, of whose history we can learn nothing, with a hot skin, marked fever, and bronchial respiration under one or both clavicles, we are exceedingly likely to think that these symptoms result from the infiltration of tubercular matter. Pneumonia of the summit of the lung, however, is rare, and by waiting until the acute symptoms have subsided, the stethoscope will reveal to us the true cause of the bronchial respiration.

We may form our prognosis of the issue of a case of pneumonia by a consideration of the following conditions:—The original health and age of the child with its social position; the seat and the simplicity or complication of the inflammation. The younger the patient the poorer is his chance, especially if he is born in circumstances which exercise a depressing influence upon his constitution. Pneumonia is the scourge of foundling hospitals, to such an extent, indeed, that of 128 cases observed in the Foundling Hospital at Paris, 127 died.

Pneumonia confined to one side of the chest, and to the inferior lobe, which is not consecutive to any other complaint, and is judiciously treated, nearly always terminates in resolution; but coming on in very young children, or in those who are undergoing the process of dentition, cerebral complications are to be dreaded. Double pneumonia is always more dangerous than single, and inflammation of the lungs appearing in the course of other disorders—such for example, as whooping-cough or croup—is attended with extreme peril.

If we observe that the disease goes through its stages with regularity, that the fever is moderate and the hurry of respiration not extreme, that the face is not particularly sunken, anxious, or livid, that the auscultatory signs are distinct and follow their usual course, that there is no diarrhoea and no convulsions or other cerebral complications, we may confidently expect a return to health. But this opinion must be reversed, if the pulse grows small and rapid, the respiration extremely quick and panting, the irritability and restlessness marked, the chest sounds obscure, particularly if these symptoms are combined with a persistent diarrhoea, feebleness, emaciation, and convulsions.

Pneumonia in the adult has been the battle-ground on which the advocates of the lowering and supporting plans of treating inflammation have met and charged each other. As the disease is precisely the same in the child, all the arguments which have been urged in this famous controversy are equally applicable to it when it occurs in early life; but you will find that the old plan of bleeding and of giving tartar emetic is still proposed by many of the best writers on the diseases of children. My own experience leads me to trust to the opposite manner of meeting this malady; and, therefore, I should recommend you, when you see that your patient is about to have a severe struggle for his life, not to prepare him for the contest by taking away his natural powers, and reducing his already feeble strength as much as you can. Pneumonia is frequently terribly asthenic in its type, and at all events in young children, whose vital powers are very feeble, tends to produce a profound exhaustion.

Your object, then, will be to keep your patient alive, if you can, while nature carries the thoracic trouble through its regular steps to a proper termination. This you cannot effect by leeching, bleeding, or other antiphlogistic measures, as they are called; but you will be more successful by secur-

ing rest, avoiding lowering remedies, acting on the skin and bowels, and at the proper moment, supplying wine and nutritious diet. Warm baths are a remedy whose usefulness does not appear to be justly appreciated, and you will discover that their frequent employment will afford a child a degree of ease and comfort which will sometimes astonish you; their favorable action on the skin may also be aided by the administration of some mild diaphoretic, such as the liquor ammoniæ acetatis. Mild laxatives are also now and then advisable in order to keep the bowels clear, but unless there be obstinate constipation all purging is to be dispensed with. An occasional emetic will help in producing diaphoresis, will clear out the stomach of irritating substances, and will clear the bronchial tubes of tough and viscid mucus, while small doses of Dover's power will exercise a calming and soothing effect. Counter-irritation to the chest by means of some stimulating lotion, or of turpentine, together with the oil-skin jacket, will complete your list of medical appliances.

Close watching of the pulse will inform you at what period stimulants are necessary; but let me caution you not to be afraid of doing harm by giving too much—in many cases their good effect has been lost by sheer timidity. When the pulse begins to gain in frequency and lose in force, employ them instantly, and give them in such doses that their effect upon the auscultation may be manifest.

In treating bronchitis and pneumonia in children, remember the true nature of the disease, and proceed not upon empirical, but physiological and therapeutical principles. Bear in mind that there is no specific against inflammation—that human science has as yet discovered no agent by which its access can be prevented, or its progress checked—but that observation of its progress and termination points out to us ways in which it may be guided to a favorable result. The true physician, and the successful physician, is he who, studying the operations of nature, and humbly learning from her wise procedures, endeavors to aid in bringing about the result that she would accomplish.

## Original Communications.

### SARRACENIA PURPUREA (*Pitcher Plant*), IN THE TREATMENT OF VARIOLA—WITH CASES AND REMARKS.

By A. W. McDOWELL, M.D.,

A. A. SURGEON U.S.A. OF U.S. GENERAL HOSPITAL AT TRENTON, MISSOURI.

THERE have been forty-three cases of small-pox treated in the hospital at Trenton, and of these four died. In the general treatment they were regarded as asthenic cases. Stimulants were prescribed freely, and they were allowed to drink lager beer *ad libitum*. It is very refreshing to these patients, and where they used it with a *relish* they universally did well. I also allowed whiskey, in the form of milk-punch, but I preferred the beer. The diet was eggs and milk; of the latter article I think most favorably. The purely medical part of the treatment to which I wish especially to draw attention, was in the use of the *sarracenia purpurea*. It was prepared according to the following formula:—I used the leaves as I could not obtain the root. An ounce and a half to a quart of boiling water was boiled down to a pint and a half. Of this a wineglassful every six hours was taken.

The first case in which we used this remedy in hospital was a marked one. The patient was *unprotected* by vaccination. For several months he had been a nurse in the hospital. He was taken with violent symptoms; acute pain in the chest, and great difficulty of breathing, excited pulse, together with symptoms of severe pleuritis. The next day the eruption of variola showed itself. We considered this a very favorable case to test the powers of the *sarra-*

*cenia*, but our prejudices were against its use. I exhibited the medicine. It soon showed its virtues. The eruption came out favorably; but instead of proceeding to suppuration, as usual, it began to *dry up*; the swelling of the parts was much diminished, because there was much less irritation from the eruption; the secondary fever that followed was *less*; the symptoms were *all* mitigated; and in a short time, instead of scabbing, with fever and great irritation of the system, the scales fell off like bran. An old nurse who had taken charge of several former patients, to whom the *sarracenia* had *not* been exhibited, remarked: "Doctor, what is the matter with this man? he acts altogether different from the other small-pox patients; he is all *scaling* off, and every time I make his bed I take out about two handfuls of scales, like bran." He stated the case correctly. The medicine was regarded as perfectly successful. The case was closely observed by all the medical attendants, and all were delighted. The triumph of the medicine seemed complete.

Again: will it prevent pitting, and do away with those ugly scars? Let it speak for itself. Two females were ordered into the hospital by the Port Commander. One had been sick two weeks. I gave her *no sarracenia*. The other was in the second day of the eruption, and had never been vaccinated. I exhibited the *sarracenia*. It produced its usual effects. These females were sisters. The one who took *no sarracenia* was much disfigured, and strongly marked with deep pittings; the other's face scaled off; it was smooth, not pitted, and the vestiges of variola will soon disappear. In the one the local effects were *permanent*, in the other *transitory*. The difference was *marked*. We must therefore regard it as able to prevent disfigurement. It *more* than answered my expectations.

Let me briefly contrast the cases treated without *sarracenia* with those treated with *sarracenia*. In the former cases there was great swelling, much irritation, and extensive suppuration, with prolonged suffering. The limbs were cedematous, so that I was frequently obliged to cut away the under clothing, and the puffiness of the face and hands was distinctly marked. In the latter cases there was no suppuration, consequently no sticking fast of the under garments, *no* cedema, as the suppuration was prevented; the irritative fever was much less; the long tedious stage of scabbing was passed over, and a bran-like scaling took its place. With such a contrast, we can but conclude that *sarracenia* is a most valuable addition to our *Materia Medica*—a medicine sent by a kind Providence to alleviate and mitigate much suffering, and to prevent the disfigurement following a most loathsome disease.

There have been four deaths from small-pox in this hospital. Of these, two men left the camp on a drunken spree; fearing to return, they took up their quarters in a deserted shanty where a female had died with confluent small-pox. They used her bed as she had left it, with clothes unchanged. They remained drunk two days. They were unvaccinated, and had variola maligna. One from the commencement passed bloody stools; neither would take stimulants, and both rapidly sank. I will recapitulate. Of forty-three cases of variola treated in this hospital, in thirty-six cases the *sarracenia* was exhibited; there were four deaths. I have made a fair and impartial statement of facts, and think the conclusion is inevitable—that *sarracenia purpurea* is a most useful medicine in variola.

GENERAL HOSPITAL, TRENTON, MO., Aug. 25, 1863.

THE BRITISH MEDICAL ASSOCIATION.—The annual meeting of this Association was held last week at Bristol, under the Presidency of Dr. Symonds. The Addresses were delivered as follows:—Medicine, Dr. W. Budd; Surgery, Mr. Augustin Prichard; Midwifery, Dr. Swayne; Chemistry, Dr. Bird Herapath. The President delivered an eloquent address, papers were read on various subjects, and the meeting terminated with a public dinner. The practitioners of Bristol received their visitors with general and liberal hospitality.—*Lancet*.

## DIATHESIS.

By DR. ANDERSON,

OF ILLINOIS.

[Being a Paper read at the last Meeting of the American Medical Association held at Chicago.]

THE term diathesis is used to express any general constitutional condition which exerts modifying influences upon the course of disease.

These conditions produce very powerful and controlling effects upon the results of surgical injuries and operations, and to one of them alone, viz. the aplastic diathesis, ten per cent. of the deaths in surgical cases are due. This mortality is capable of being entirely prevented by means now within our knowledge and control. Yet the subject is difficult, and, being incapable of the attractions of pictorial illustration, is liable to be overlooked by superficial observers.

A great variety of diatheses exist, each having its own peculiar character; but the two which have the most important surgical relations, are the *aplastic* and the *hyperplastic*.

The *aplastic diathesis* is that condition of the system in which there is an excessive tendency to a dissolved condition of all protein compounds, the blood-corpuscles breaking down, the solid tissues readily ulcerating, and all the products of inflammation taking a liquid form, being either degenerated blood, serum, or pus. At the same time, there is a more or less striking absence of the power of depositing plastic lymph around inflamed points. It is in this diathesis alone that the patient becomes capable of those fatal aplastic diseases—traumatic erysipelas, diffusive phlebitis, pyæmia, and hospital gangrene. The deaths from these causes, amounting to ten per cent. of all mortality after surgical operations, may all be prevented.

The causes of the aplastic diathesis probably operate by inducing an excessively alkaline condition of the system. Alkalies are the natural solvents which in the human body maintain the liquid form of certain protein compounds, such as fibrin, albumen, caseine, etc., whether found in the blood, pus, or serum. It is probable, therefore, that an excess of these alkalies would have the effect to keep these compounds in the liquid form to an excessive extent. All the products of aplastic inflammation and effusion, whether blood, serum, or pus, are alkaline. Besides, the effluvia of decomposing animal secretions, which are the most powerful external causes of aplasticity, are all saturated with alkaline gases of the ammoniacal series.

As was just remarked, the most powerful external cause of the aplastic diathesis is the exposure of the patient to the depressing alkaline effluvia from decomposing pus, urine, or other animal products.

I saw this repeatedly exemplified during my service in the army. The crowding of too many wounded men into hospitals always produced within three days the evidences of aplasticity. Of two hospital steamers, after a battle near Vicksburg, where one was overcrowded and the other was not, the mortality on board the one not crowded was five per cent., and on the other, thirteen and a half per cent., the excess being due to erysipelas, pyæmia, and secondary hæmorrhages. So striking are these results that it is easy by the sixth day to distinguish the men who have lain in an overcrowded ward, simply by the appearance of the wounds. A thousand men of this sort, mixed with a thousand others who have been kept in perfectly pure air, could readily be separated by inspection of the wounds alone.

The effect of the aplastic diathesis is to prevent all that effusion of plastic lymph necessary to the repair of injured tissues, and to drain away the nutritive material of the blood in an excessive flow of pus or serum, thus exhausting the patient. In this diathesis incised wounds do not readily unite by first intention; lacerated wounds do not granulate freely; ulcerations become phagedænic; injured vessels reopen after ligation, and sound ones give way to

ulceration, producing secondary hæmorrhage; and most important of all, the irritant animal poison found in erysipelas and hospital gangrene, when formed or received in any part of the body, spreads and produces rapidly fatal results, because its action is not limited by any barrier of plastic lymph.

The relation of this important poison to the aplastic diathesis is as follows:—The poison may be inoculated into a plastic constitution, but it will not there produce either erysipelas or hospital gangrene. The irritated spot is immediately surrounded by plastic lymph, a local abscess ensues, and the poison is expelled with the pus. A plastic constitution cannot have erysipelas; but an aplastic one is liable to all the mischiefs resulting from diffusion of the poison in a liquid form through all parts of the body. I suppose that the suppurative inflammation of the internal coats of the veins results from the poisonous lymph taken up by the lymphatics at the affected part being carried into the venous current. Hence pyæmia.

The aplastic diathesis may exist without the poison, and the poison may be present without the diathesis; but when both are present, a fatal result is to be feared. Both the aplastic diathesis and the existence of the erysipelatosus poison may be epidemic. The presence of these conditions produces a malignant character in the prevailing distemper. At such times malignant scarlet fever, hospital gangrene, puerperal peritonitis, confluent small-pox, and all other malignant local inflammations, are found to contain the erysipelatosus poison, and are capable by inoculation or contagion of propagating erysipelas in aplastic, and abscesses in plastic constitutions.

The aplastic diathesis can be diagnosed in advance of a surgical operation, so as to enable the practitioner to guard against its effects. This may be done by carefully studying the condition of any abrasions, pimples, scratches, etc., some of which may be found upon the skin of almost every patient, or at any rate may be made in important cases for the purpose of diagnosis. They show the effects of the diathesis in the same manner as larger injuries.

The treatment of the aplastic diathesis consists—1st. In securing a perfectly fresh and pure air for respiration; 2d, the administration of such remedies internally and externally as will neutralize the alkalies. Such are the tincture of iron, iodine, chloride of zinc, sulphate of iron, bromines, sulphuric, muriatic, and nitric acids, etc. Chlorine, iodine, and bromine, not only neutralize alkalies, but destroy animal poisons. Practically, I use mur. tinct. of iron in doses of twenty drops internally every one or two hours, and tincture of iodine with glycerine kept constantly upon any local manifestation of the poison.

By the free use of the tincture of iron the diathesis may be changed from aplastic to plastic in thirty hours, and a marked improvement be manifested in the parts affected. For the past five years I have made a constant practice of giving muriated tinct. of iron as a prophylactic after surgical operations, always commencing its administration in a few hours without waiting for any actual manifestation of aplastic diseases. Since I have commenced this precaution, no patient of mine has ever died of traumatic erysipelas, phlebitis, or pyæmia, and yet I have operated in a vast number of cases, and ought, under the ordinary management, to have lost a number of patients by these complications. Erysipelas under this prophylactic treatment sometimes makes an effort to commence, but is readily conquered without dangerous results. I now feel perfectly safe in this respect, and have ceased to reckon erysipelas, phlebitis, or pyæmia, among the risks of my operations, if I have control of the patient.

The *normal diathesis* is that where neither plasticity nor aplasticity is in excess, but where the medium happily prevails.

The *hyperplastic diathesis* is the opposite extreme from the aplastic. It is probably caused, as claimed by Fuller in his work on rheumatism, by the excess of acids in the system. It is marked by an excessive tendency to solid



deposits in inflammation. Suppuration is difficult, and when it occurs, is surrounded by a hard plastic tumor. Wounds unite readily by first intention, but contusions and sprains form hard swellings, which are slow to suppurate, slow to resolve, and often keep the patient lamed for a year after the injury. Erysipelas, diffuse phlebitis, and pyæmia, are impossible, unless this diathesis is first overcome; but the inoculation of the erysipelatous poison results only in the formation of local inflamed tumors, which occasionally suppurate and discharge from the summit of a hard, well-defined swelling. Very painful felons occasionally result if the poison is applied to the hands.

The signs of this diathesis are:—1st. Any symptoms of genuine rheumatic tendencies—rheumatism being the typical disease of the hyperplastic diathesis as much as erysipelas is of the aplastic. 2d. Rapid drying up of scratches, abrasions, pimples, etc., upon the skin, without any tendency to suppuration. 3d. Absence of all disposition to pustular eruptions, the skin being clear, and often a little coarse, dry, and firm in its appearance. If there are any eruptions, they are apt to be of the scaly varieties, showing a tendency to excessive development of the cuticle.

I pass over the consideration of the cancerous, tuberculous, and syphilitic cachexies, for want of time at the present, designing to return to the topic at a future meeting.

## Reports of Societies.

### NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, May 20, 1868.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION ON HOSPITAL GANGRENE.

DR. PARKER opened the discussion by remarking as follows:—

Mr. President and Gentlemen of the Academy:—The subject of hospital gangrene is one that has attracted a great deal of attention of late among us, especially since the commencement of the present war. Before that, hospital gangrene was but rarely met with, except now and then in our large hospitals. I have not had the opportunity of encountering the disease to any great extent but once, and that was only since the war commenced; hence my experience must be necessarily limited.

Hospital gangrene is so called, I suppose, because it has been met with almost exclusively in hospitals. I have met with but one case in private practice, and that case happened to have been brought from a hospital.

Very little has been written of this disease until within the past few years. Celsus, Avicenna, and Ambrose Paré hardly refer to it, yet we have no doubt that it existed then as now, inasmuch as there were present the same circumstances to produce it. We find the disease particularly spoken of in 1322, as being exceedingly rife in Paris, at the Hotel Dieu. At that time it was very destructive. We again find it spoken of in 1780, by Puto. He was then interne at the hospital at Lyons. He spoke of the disease as we meet with it in wards, and indeed went so far as to question the utility of hospitals altogether, inasmuch as he stated that eleven-twelfths of all those attacked with the disease perished. We find, also, when it existed in Paris, that it was very destructive. It is stated that of twenty-two cases of amputation performed there, every stump was attacked, showing the contagious character of the disease.

From 1783 up to 1814 we have various accounts of this disease, but no full history of its characters until after the Peninsular war. At that time the French and English surgeons saw a great deal of this disease. Before that time the generally prevailing opinion was that the disease was constitutional in character, but since then the opposite opinion has more generally prevailed.

The next point I wish to refer to is simply this, the dif-

ference between hospital gangrene and common gangrene. There is a difference, and a very great one! I am prepared to say that hospital gangrene is a disease in fact, as distinct from common gangrene as is a fracture from a dislocation. We understand by common gangrene, merely the death of a part either as the result of violent inflammation, the result of strangulation or violent injury, of excess or diminution of caloric, of infiltration and, in fact, in a great variety of ways. Common gangrene occurs only in individuals whose systems are more or less broken down, but we find that this is not the case with hospital gangrene; hospital gangrene may occur in the strongest constitutions.

Hospital gangrene seems to depend upon a specific poison, for we always find it presenting the same physiognomy. We may from this observe *a posteriori* that the cause is all the same. Now, what is the cause of hospital gangrene? I have said that it is met with only in hospitals. I believe that the same causes operate to produce hospital gangrene which are necessary for the development of typhus or typhoid fevers, but with this addition, the presence of suppurating wounds! Superadded to the effects of bad ventilation we have, also, the results of the decomposition of pus and other discharges from wounds.

How does this cause operate? I know that some assume, on the one hand, that it operates locally; and still others, that it operates through the constitution. We all know that small-pox may be developed either through vaccination or by direct exposure to contagion; and I believe that very much the same thing is true with reference to hospital gangrene. We may have in some cases the local symptoms showing themselves first, and then subsequently the constitutional symptoms, and *vice versa*. Dr. Ball, who has written an Inaugural Thesis on Hospital Gangrene, the result of observation during the summer months while engaged in the hospital in charge of Dr. Weir, in Frederick, enumerates forty-three cases, in five of which he states that the constitutional symptoms were the first ones that showed themselves. Hospital gangrene may be propagated in a variety of ways, by the promiscuous use of sponges, basins, and the like, and, in a word, where the disease is prevailing.

According to the assertions of Mr. Blackadder, a surgeon of eminence in the Peninsular war, hospital gangrene cannot be propagated by actual contact, unless there be an abrasion of the skin. But after all, there is a great deal of discrepancy in reference to the fact of local causation among different observers. A French surgeon, by the name of Olivier, with a view to a settlement of this point, determined to experiment by inoculating his own person. He inoculated himself after the manner of vaccination, and found that a distinct vesicle appeared on the second or third day, and that on the fifth day a slough had formed. At this point, however, he arrested its progress by cauterization.

There are numerous instances to prove that the contagion may operate through the atmosphere. There were some beautiful cases illustrating this point in the hospital at Frederick, where a large number of patients were attacked with gangrene and placed in tents, in such a situation that the hospital was to the windward. So long as the wind was away from the hospital they were free from contagion, but when the wind changed, a considerable number of cases were attacked. Again, a door was opened communicating with a ward containing gangrene; the patients nearest to the said door in the other ward were attacked by the disease.

Now, with reference to the symptoms, they may be divided into constitutional and local. The constitutional symptoms consist, in the first place, in a general upset of the nervous system; the patient is restless, the pulse is small and snappish, the appetite is very frequently lost; there may be vomiting and also diarrhoea, coupled with typhoid symptoms. Locally, the character of the ulcer is very peculiar: it may be either dry or moist; its base is covered with a grey slough, and its edges are everted, giving it very

much the look of a large chancre; sometimes it is covered by a diphtheritic-looking membrane. Sometimes the edges of the ulcer are undermined, and the muscles are dissected out; sometimes the ulceration would travel off in a circular form from the main ulceration. The pain which invariably accompanies it is also very peculiar; it is generally spoken of by the patients as being "sharp, burning, and tingling." In reference to the diagnosis of this disease there can be no difficulty after the ulcer has been once seen.

I saw a large number of cases last summer at the New York Hospital, and afterwards at Bellevue, and with the assistance of my friend Dr. Peck, I made trial of almost everything claimed to be useful in the treatment of the disease, and we came to the conclusion that what is called there the disinfecting powder, composed of percarb. of iron, pulv. cinchona, and opium, was the most grateful application, while constitutionally there was nothing to equal the scattering of patients, the plentiful supply of *fresh air*, a *clean skin*, and *generous diet*. Dr. Ball states that Dr. Weir was very successful in his treatment of the cases, but what did he do? He put them out in tents where they had plenty of fresh air! Dr. Ball also lays a good deal of stress on the good effects of nitric acid locally applied, and I find that the average number of applications for each patient was eight. What does this cautery do? It merely destroys the sensitive skin, and by so doing alleviates irritation. Now the cauterization, so far, is well enough, but while you are doing all this the time occupied is sufficient for the patient to do either one of the two things, to die or to get well, and he will be apt to do either one or the other according as you give him or keep him from a *good substantial supply of fresh air!*

#### NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, March 25, 1863.

DR. H. B. SANDS, VICE-PRESIDENT, IN THE CHAIR.

##### MUMMIFIED HEADS.

DR. MERRITT presented a photographic view of the mummified heads which had already been exhibited to the Society, and made some additional remarks upon the specimens. He was of the opinion that they were the heads of warriors who had fallen in battle, as in the temporal region of each there was a wound which looked as if made by a spear. He thought it also probable that the heads, after having been deprived of their bony textures, were stuffed by some elastic material during the process of preparation, in order that the natural conformity of the parts might be maintained. It was also evident to him that these heads had been preserved as trophies, and afterwards been buried with the victors.

##### CYST FROM ANTERIOR CERVICAL REGION, CONTAINING PUS AND HAIR.

DR. POST presented a small cyst, removed from the submaxillary region of the neck of a lady a few weeks before. It was interesting in reference to its contents, which were made up entirely of pus and hair.

A second specimen consisted of fragments of a urinary calculus removed by the lateral operation for lithotomy. The point of interest consisted in the age of the patient, which was but two years and three months. The weight of the fragments was 111 grains.

DR. CLARK exhibited on behalf of Dr. Johnson a rupture of the aorta. The rent was transverse, running two-thirds of the way around the vessel, extending through the middle and a greater part of the middle coat, and leaving the outer coat entire with some fibres of elastic coat tissue attached to it. It then did not go downwards as ruptures of this sort frequently do, but at a point below the reflexion of the pericardium found its way through the outer coat, consequently opening into the pericardial sac. At one part of the base of the aorta upon the outside was quite a large clot, which was the result of infiltration of blood into the

areolar tissue in that vicinity. The aorta was atheromatous in patches.

The following history, furnished by Dr. Johnson, was next read:—

"Catherine Holland, æt. 70, native of Ireland, a pauper, was admitted to the receiving ward, March 7th, 1863, at half past ten A.M. Her symptoms upon admittance were weakness, with nausea and vomiting. She continued in about this condition till about half past four P.M., when she complained of pain in the præcordial region, and was seized with convulsions, and died immediately. She had previously been under the care of my colleague, Dr. Roof, and was discharged March 2d, improved, her symptoms having been those of dyspepsia. On the morning of March 7th, while at the Almshouse and before being transferred, she fell down in a kind of fit, I should judge, as near as I can learn, while going to breakfast. This is all that I have been able to ascertain relative to the case.

"Upon *post-mortem* examination, the ascending portion of the arch of the aorta was found to be ruptured, and the pericardium filled with coagulated blood, the lower part of the rupture being about half an inch above the valves, the rupture being in the form of an obtuse angle, and about two inches in length. The aorta itself was to all appearance healthy. There were a few old pleuritic adhesions of the lungs to the walls of the chest, the lungs themselves being healthy. There was fatty degeneration of the liver to a considerable extent. The kidneys were small and contracted, and presented marked evidences of Bright's disease. There were also a few cysts found in each kidney, and in the external surface. The spleen was of normal size and condition. The brain was also healthy."

##### CANCER OF THE LUNGS.

DR. CLARK, in the absence of Dr. Wood, presented a specimen of cancer of the lung for that gentleman, and remarked upon it as follows:—

I will exhibit the lung, and give only so much of the history as will be necessary to understand the rest, and leave the fuller history for Dr. Wood at another meeting. It is to my observation a new form of secondary cancer of the lung. The form that it assumes upon the pleura is not new; there it is in patches, and at certain points has considerable prominence. The largest of these scales equal in size the little finger-nail, while the smaller are mere points, there being a great many variations in size between these two limits. They did not seem to have excited any pleuritic inflammation, but remained as mere appendages to that membrane. This same material found upon the pleura is scattered through the lung, and wherever it existed in greatest quantity there was an induration of the lung tissue analogous to that which occurs in chronic pneumonia; that is to say, an increase in its fibrous tissue, and consequent diminution in the size of its air-cells. The lady died of apnoea, and during her life, having seen her two or three times, I was left in doubt whether the disease in her lungs was tuberculous or cancerous. I could find no considerable accumulation of cancer anywhere. Her great difficulty was in getting her breath.

The *post-mortem* examination revealed that the lung in a great many portions was not expansible in consequence of these hard masses, which were lost by a sort of diffusion into the surrounding tissue. The particular form of cancer, and the details of the appearances of the lung, I will leave until Dr. Wood gives the history.

##### MULTILOCULAR OVARIAN CYST.

DR. FINNELL presented a multilocular ovarian cyst, removed from a woman aged seventy, who died a few days before at St. Vincent's Hospital. According to her statement, the tumor was only fourteen months in growing. She was tapped twice, at short intervals, but the fluid at each time rapidly accumulated, and she gradually sank and died.

At *post-mortem* examination, the tumor was found to



weigh thirty pounds. There were a few slight adhesions over its anterior surface, and, what was quite remarkable, the pedicle was only equal in thickness to the middle finger.

## FOREIGN CORRESPONDENCE.

### LETTER XLIII.

By PROF. CHARLES A. LEE.

MANTUA, NOV. 20, 1862.

MILITARY HOSPITAL AT VERONA; AUSTRIAN BARRACKS AND COOKING ARRANGEMENTS; RATIONS AND MONEY ALLOWANCE TO AUSTRIAN SOLDIERS; DRY AND COMPRESSED VEGETABLES FOR ARMY USES; TOPOGRAPHY OF MANTUA, ETC.

As it does not enter into the plan of these letters to describe cities, towns, antiquities, curiosities, architecture, paintings, or statuary, I pass them mostly by as usual, and confine myself mainly to those topics which more immediately interest the medical observer. Otherwise, I should be strongly tempted to give some account of the old cities, Vicenza, Verona, Mantua, etc., and especially their immense and extended fortifications, many of them recently erected by the Austrians, which seem absolutely impregnable, and in the construction of which military art has exhausted all its known resources. Sufficient details, however, in regard to these matters, may be found in several recent works of travels, and I therefore shall, as heretofore, confine myself chiefly to medical topics.

I saw nothing in a medical way worth special mention in old Vicenza, famed for Palladian architecture; but in Verona there is a new military hospital, lately built, deserving particular notice. It occupies an elevated site on the banks of the Adige, near the walls, and has accommodations for about 1500 beds. The building is quadrangular in form, two stories, with corridors and basement. The transverse wards are calculated for twenty patients each, with one large window in the centre opening on the exterior, and a door directly opposite on the corridor. Over this door is a large window extending nearly to the ceiling. Thus, the windows and doors being open, the direct draught is through the middle of the ward, and not over the patients, while beds are arranged on each side, with their heads towards the walls. At night, a gaslight in the corridor, and close to the window over the door, suffices to light the ward, as well as the corridor, and no other light is admitted into the room, except by special order. The rooms are all arched with brick, plastered on the solid wall, and warmed by an iron stove in the middle, but at one side of the ward. The wards and corridors have wooden floors, except the basement, where they are of stone in parts that do not communicate with wards, where they are of wood. There is a water-closet, about four feet square, in the corner of each ward, the stool or water-pan being placed in a recess in the thickness of the masonry of the corridor partition. A low and small door in the corridor communicates from this recess, so that when the patient has left the closet, and closed the door into the ward, a servant from without can at once remove the stool, thus avoiding offensive effluvia in the ward, as well as exposure and risk in leaving the room for one, perhaps, of a different temperature. Besides the means of ventilation already mentioned, there is under the windows, opening on the exterior, a smaller one of two feet square near the floor, to admit fresh air at the lowest part of the room, and a similar opening of twelve inches square next to the ceiling over the door, to allow the escape of warm and foul air as it ascends. The latter is closed by a valve movable at pleasure; the one under the window is closed by a solid shutter.

The bathing-rooms are fitted up on a very extensive scale, and are supplied with hot and cold water-baths, steam-baths, douche, etc. For steam-bathing, a large room is fitted with rows of bedsteads, one rising above the other in steps, like an amphitheatre, with sloping head-board for the comfort of the patient, who is laid in his blanket on

one of these wooden platforms or bedsteads, and steamed by the admission of any degree and quantity of steam from the boiler in an adjacent apartment. In the adjoining room are small apartments or stalls, of sizes suited for patients standing, sitting, or reclining, fitted with pipes and faucets, admitting a shower-bath from above, or horizontal jets from the sides, or a perpendicular jet falling quietly on the patient, thus furnishing ample facilities for every kind of local or general bath.

Two other large apartments are fitted up with thirty-six large marble bathing-tubs, with tubes and valves for hot and cold water. These tubs are sunk several inches in the floor, the top remaining about one foot above, making it easy of entrance by the invalid, and at the same time convenient to put a patient in the bath who may require assistance.

In another apartment is a large boiler, set in masonry, for steam and hot water for the bathing-rooms; and connected with this is a room containing a reservoir or cistern, rising nearly to the ceiling, supplying a head of cold water for the bathing-rooms, steam-boilers, etc. This reservoir is supplied with water pumped by manual labor from the river Adige. All the bathing-establishment, the store-rooms, apothecary's department, and kitchens, are on the basement floor, and elevated about three feet above the court-yard.

The whole establishment is under the superintendence of a Major of Artillery, the surgeons having none but their professional duties to perform. The daily dietary of each patient is written on a board at the head of his bed. In the routine of serving rations, etc., nothing different from usual custom was observed, except that every bed was provided with a board about fourteen inches wide and twenty inches long, with edges rising about a quarter of an inch above the surface, answering as a table or waiter, on which to place his food, tumbler, fork, spoon, &c. There are special wards for cutaneous, infectious, and contagious diseases, as well as the insane, which are under lock and key, and guarded by sentinels. In the insane ward the stove is in one corner of the room, and protected by an iron grating, so as to be inaccessible. The amputation table is similar to what is sometimes seen in our own hospitals, consisting of an iron frame as a bedstead, in three equal divisions, connected by hinges, allowing the head or foot part being raised or lowered at pleasure to any inclination from sitting to lying horizontally. The centre part is fixed to an iron elevating screw, so as to be raised or lowered to any required height, while the whole revolves on its centre or vertical pin, the head and foot framepieces, as already stated, being fixed at any angle at the will of the operator.

The dead-house is of stone, arched with brick, with tile roof. On the right of the entrance is a guard-room, where some one is in attendance night and day. An adjoining apartment of the same size is for autopsic examinations. Behind these two, and extending the whole length of the building, is the apartment for the dead, with a window at each end. The bodies are laid on inclined planes, side by side; to the hand or foot of each one is attached a bell-pull, communicating with a bell in the guard-room, occupied by a guard of four soldiers, so that prompt aid may be rendered in cases of resuscitation. But I could not ascertain that any such cases had ever happened. The floors, tubs, etc., of this building, are of polished marble.

The civil hospitals at Verona are far inferior in all their arrangements to the military, and present nothing worthy of special remark—soups and potages constitute the principal diet of the patients.

At Mantua, I also found a very strong force of Austrian troops, with hospital and barrack arrangements perhaps inferior to those at Verona, but still well planned and comfortable. In general, the Austrian barracks for infantry may be pronounced superior to any in Europe, and many of them are not of very recent date. For the most part the buildings are of quadrangular shape, surrounding an interior court. They are usually of brick, two stories, with

arched ceilings, paved corridors, stone staircases, and wooden floor to the rooms. The bedsteads are of iron, of simple construction, and when taken apart fold up flat, requiring little room either for storage or transportation. The rooms are generally calculated for twenty or more men. They are warmed by iron stoves within each apartment, and every man is provided with an iron bedstead and bedding arranged on each side of the rooms, head to the wall, with an interval of eighteen inches between every two. The cooking is all done in apartments on the respective stories of the companies. The cooking arrangements in the Austrian army are somewhat various, but generally consist of a single camp-kettle for every squad of twelve to fourteen men each. In some places I found them divided in messes of thirteen, and as a general rule in all the garrisons, the men eat in their dormitories. The mess-can is designed to answer the two purposes of garrison and field service, but boiling is the only culinary process employed. For purposes of economy of fuel and rapidity in cooking, the tin cooking-vessel or boiler is surrounded by the fire; and this is effected by its being shaped like the frustum of a cone, resting on three legs of six inches in length, while another cone, serving as the furnace or fire-place, passes through the bottom, and up through the cover, its bottom being supplied with a movable iron grating, on which a charcoal fire is made; after the food is cooked, the grating on which the fire rests is withdrawn, the coal falls down, leaving the mess-can to be taken to the mess-table in the dormitory, or the squad wherever assembled. In garrison the mess-kitchens are arranged to suit this apparatus, and are generally furnished with two masonry tables of fifteen feet long by three wide in the centre of the room, the cans being placed thereon in two rows close together, the fumes of the charcoal rising to the crown of an arch covering the two tables, from whence a chimney conducts them to the roof. When on field service, the cooking utensils are transported in the baggage-wagons, and of course are not at hand when the troops halt and most need it, so that the soldiers have no other than dry food in their haversacks during the day. In addition to the mess-kettle, every soldier, as in our own army, has a small tin can or dish, in which he receives his ration from the mess-kettle. In the military arsenal at Vienna I observed a different arrangement. Here a kitchen is provided for every 196 men, on the same floor as their quarters, and the mess-kettles of the different squads are placed on a metal tablet or table, some fourteen feet by three wide, heated by a furnace from beneath, the fire-places being at each end, and the chimney in the centre on the side. The arrangement, however, is a bad one, as the heat is not adequate to cook the food with sufficient rapidity.

In the Austrian garrisons throughout the Venetian Provinces the soldiers are supplied with bread at the rate of a pound and a half per day each, and a small daily allowance of money to purchase meat and vegetables or other articles as they may choose. This amounts to nearly four cents a day for infantry, five cents for grenadiers, and six for special corps! This is placed in the hands of the company commander, and is distributed by a sergeant to the corporals of the mess-squads, who, in company with two privates of the same, expend it for such articles as the squad directs. In the Austrian army there is a commissary for every brigade, who examines the accounts, countersigns them, and gives orders for money on the military chest, and this certified order goes into the chest as evidence of the withdrawal of such an amount of money and its application. Another wise precaution is used: the keys of the military chest are kept generally by three persons, all of whom must be present when the chest is opened, who must also know for what the money is taken out; nor can the chest be opened without the three keys in possession of the respective keepers.

Fresh bread and vegetables are furnished daily to the troops; an American is surprised at the small quantity of meat which furnishes soup, the principal food, to a squad of

thirteen. Vegetables, as cabbages, beans, and turnips, etc., are extremely cheap all over the continent, especially in Germany, France, and Italy, and unless war is carried on at a distance, as, perhaps, during the winter season, dry or compressed vegetables are seldom if ever used. The French troops, however, make considerable use of the latter, and the grand establishment of M. Cholet in Paris, furnishes an ample opportunity of seeing the different modes of preparation. For the most part, the vegetables are all cut into thin slices, then partially dried by artificial heat, and reduced to cakes of about one inch thick by powerful pressure with a hydraulic press, potatoes, cabbages, turnips, carrots, etc., all being mixed together. Sometimes the potatoes are cut into cubes, about one-fourth of an inch square, then dried, and preserved separately from other vegetables; all the others are cut into thin slices. During the Crimean war, as is well known, the French and English armies in the Crimea subsisted chiefly on these dried and compressed vegetables, concentrated milk, concentrated essence of beef, beef-soup, and granulated gluten. Forty thousand rations of these compressed vegetables, put up for transportation, occupy a space of only about three cubic feet, and weigh nearly 4000 lbs., including the packing cases. The whole are put up in tin canisters of about one cubic foot each. It is now well established that, if good articles are selected, and suitable care used in their preparation, they will not only keep perfectly fresh for a long time, but remain wholesome and palatable. Their advantages over ordinary rations, where celerity of movement is required, as in cavalry raids, etc., and where delay in collecting food by the way may defeat the object of the expedition, are sufficiently obvious.

Were not this letter already too long, I might dwell at some length on the topography and surroundings of this old city, the birth place of Virgil, and speak of its hospitals, schools, and prisons, etc. I may say briefly, that it is situated on the low, flat banks of the Mincio, surrounded by lakes and marshes, which add greatly to its strength, but still more to its insalubrity. The adjacent marshes were partially drained by the French when they held possession; but though the swellings of the Mincio are somewhat hemmed in by the artificial dams and embankments, still the place is noted for its unhealthiness, intermittents and remittents, often of a malignant type, being very common during the summer and autumnal months. The streets are kept clean, but the buildings are old and dilapidated; there are few signs of commercial activity, and it is evidently but the wreck of what it once was. Since its siege and capture by Napoleon in 1796, it retains few marks of its former splendor, though its huge, misshapen masses of buildings, immense piles casting deep shadows, feudal towers crowned with their forked battlements, castles, and Lombard arches, form a scene of peculiar and novel character; its long siege by the imperialists during the thirty years' war, when famine and pestilence raged within its walls, its subsequent storming and sack, when it was given up to plunder and violence for three days, form one of the most striking events in modern history.

**ILLEGAL PRACTICE IN FRANCE.**—At the Tribunal of Correctional Police, at Paris, the "Black Doctor," J. H. Vriès, was convicted on a charge of illegally practising medicine; "Dr." Ebra, who assisted Vriès, was also convicted of illegally vending medicines. Vriès was fined 2000 francs for illegal practice, and 500 francs for selling medicines. Ebra was fined 500 francs for selling only; the costs of the conviction to be divided between them.—*Lancet*.

**UNIVERSITY OF ABERDEEN.**—Dr. John Struthers, F.R.C.S., Lecturer on Anatomy at Surgeons' Hall, Edinburgh, has been appointed to the Professorship of Anatomy in the University of Aberdeen, vacant by the resignation of Dr. A. Lizars. This appointment cannot fail to give general satisfaction to the profession. Dr. Struthers is a most accomplished anatomist.—*Lancet*.

# American Medical Times.

SATURDAY, SEPTEMBER 5, 1863.

## CAUSES OF MODERN CHANGES IN THE ART OF PRESCRIBING.

ONE of the most wide-spread of the popular errors created and fostered by the friends of homœopathy, is that which attributes to this pretentious system of quackery the comparatively diminished amount of medicine prescribed by regular physicians. And it far too frequently happens that medical men tacitly or openly acknowledge the truth of the assertion. Admitting the fact that less medicine in bulk is recently administered than formerly, they see no other explanation than that so often alleged which has now well-nigh passed into a proverb. The admission of this statement is utterly false, and damaging to our profession. Homœopathy is entitled to as little credit for the improvement of our therapeutics as for the advancement of pathological or surgical science. It is important that we should understand on what basis rests the actual changes in our present materia medica, that we may give a rational explanation, and not make improper concessions to quackery.

It should be understood that this new hypothesis was made at a peculiar period in the history of medicine, and one well adapted to give it popularity. About the time of its promulgation a great change had taken place in the science of chemistry, especially in that branch which we may term pharmaceutical chemistry. The alkaloids, the active medicinal principles of remedies, were just then discovered, and by this discovery a new impetus was given not only to chemistry but to therapeutics. The oft reiterated query of centuries—Can you not give your remedies in smaller bulk, and in a more agreeable form?—was about to be answered. It was apparent that the physician could give the same strength as formerly in a very much less, in fact in a minute dose, and there was hope that eventually all medicines would be thus reduced. Where the older practitioners gave opium or bark in large bulk, the younger therapist gave the small and elegant preparations of morphine or quinine. The homœopaths very early finding the utter inertness of the medicines they professed to give, surreptitiously administered these alkaloid principles, which could be given in minute doses, and produced marked results. A sect which had started upon a new hypothesis, presenting so many points of favor with the public, did not intend to lose these advantages by any concessions of the inability of their infinitesimals to produce marked and visible effects upon the systems of their patients. Where infinitesimals did not succeed, the alkaloids, most frequently administered by their own hands in full doses, produced certain and marked results, thus positively presenting to the public a falsehood as a visible truth of the soundness and truthfulness of these dogmas. This system of medication immediately gained favor with the delicate, the nervous, the fastidious. Many of the older practitioners who had become routinists did not attempt to investigate these causes of success, or use the new reme-

dis which science had presented to them, but continued to administer the old and nauseous medicines, thus driving many of their best patients into the hands of the homœopaths. In those preparations which could be taken with but little taste, most persons believed that there was but little real medicine, and boasted to their former physicians of the minuteness of the dose which now affected them, little thinking that frequently in the small quantity was concealed treble the medicinal power which they previously took in large quantity. Thus the assertion of the homœopaths that they administered less medicine than the other physicians, and much less than was formerly given, was in fact a falsehood; for by calculating the amount of active principle given within a specified time, it was found to exceed the amount of the same principle contained in the crude material formerly used.

There can be no question that the innocent dupes of homœopathy are constantly dosed with powerful medicines, prostrating and debilitating their nervous system, and making them perpetual patients. This fact cannot but be acknowledged by all, for it is well known that scarcely an hour elapses without a dose of medicine is administered. In homœopathic families the habit of dosing becomes permanent, to the infinite injury of all the members, but especially to the young and susceptible. This practice tends to but one result, viz. constant minor ailments, which ultimately lead to prolonged medical attendance and large bills. It is a demonstrable fact that patients who have left their old medical attendants, and placed themselves under the care of homœopaths, have had much more sickness than before, and have more than quadrupled the amount of their bills.

The number of alkaloids and active principles that have been discovered, though numerous, do not present remedies for all cases. Therefore in some instances the whole medicinal substance or plant is still used by physicians. But this cannot be done by homœopaths, because they have promised the public minute and almost tasteless remedies. When, therefore, cases are presented to them that cannot be reached by these new remedies, the patient must and does suffer a longer and more dangerous sickness. If he recovers, his convalescence is tedious, with complications which might have been prevented by appropriate treatment at an early stage of the disease.

But with the numerous fallacies of the system of homœopathy we have nothing at present to do. It was our present purpose simply to answer the oft repeated assertion that homœopathy has taught regular physicians to use less medicine, and also to refute the error that homœopaths use less medicine than educated practitioners. Briefly, then, we gladly acknowledge and rejoice that all educated physicians use less medicine, and less nauseous medicine than formerly, but this result has been brought about by physiological investigations and pathological examinations. Theories have given place to facts, and improved methods of diagnosis have taught clearly what we have to cure. A better understanding of therapeutics has taught us the application of remedies to the cure of disease, and an improvement in chemistry has given us remedies of definite and certain power. A deeper and more profound study into the science of Medicine as a whole, has improved our knowledge in each of the various branches, and given to us a greater knowledge of the diagnosis, prognosis, and treatment of disease.



## THE WEEK.

The profession of London have for some time been agitating the question of the retirement of old medical men from public institutions. So strongly does the current of opinion set in favor of this regulation, that many of the older hospital surgeons and physicians have within a year or two resigned. A contemporary holds the following language on the subject:—

"Few men after forty years of work like or can withstand the active competition of their younger brethren. It is unfair to both when such is permitted. There is a period when retirement is a duty, and it is not just that the initiative of its suggestion should rest with those colleagues in office to whom other than disinterested motives may be attributed. We know of more than one instance in which personal reputation has been and is placed in jeopardy, and the interests of public institutions have been and are materially compromised, through the continuance in office for the exercise of active duties of professional men who have reached the age of fourscore. In the surgical profession there is a time when nature, not knowledge, fails; when advice, not action, should satisfy. In other professions it may be different. Judges on the Bench have expounded the accumulated wisdom of years with unflinching memory and unerring inference. Had they to write the same, or perform manipulations requiring energy and nerve, would their manuscripts or labors bear comparison with the efforts of their earlier years? We doubt it. Could octogenarian surgeons by speaking operate, what different results should we be enabled to record! So truly has the impropriety of this adherence to office been felt, so justly acknowledged are the ill effects which have followed its practice, that the board of one of our most celebrated hospitals has passed a resolution that its officers should resign at the age of sixty-five; the first of whom to come under its operation was one of the ablest and most competent, and, we may add, exceptional practitioners in the kingdom. Though in his particular case the institution sustained a grievous loss difficult to as adequately fill, it is far better that one should suffer, and one instance of this kind occur, than that a system of life-perpetuity in our public institutions should be permitted, and past services be set off against present deficiencies."

WE take pleasure in recording the fact that a change has taken place in the head of the bureau of Army Medical Inspection. DR. PERLEY, the first Medical Inspector-General, has resigned, and his place is filled by DR. JOSEPH K. BARNES, formerly a surgeon of the U.S. Army, but more recently one of the Medical Inspectors. DR. BARNES is a native of Pennsylvania, and entered the army as assistant-surgeon from that State, June 15, 1840. He was made a full surgeon August 29, 1856. The reasonable anticipations of important results to the service, and additions to the science of military hygiene, through this bureau, have failed of full realization through want of a competent head. Little or no direction was given to the course of inquiry, and no use whatever was made of the accumulating materials. We believe that branch of the army medical service will find in DR. BARNES an executive officer fully capable of developing it in all its details.

GARIBALDI.—DR. Albanese writes from Caprera that the General's wound has been cicatrized since the 11th ultimo. Garibaldi now rides on horseback, and will, in a couple of months, lay by his crutches and use simply a stick. By the steady use of cold douching, the foot moves more easily, and it is to be hoped that, eventually, the patient will walk without much halting.—*Lancet*.

## Reviews.

REPORT ON THE TREATMENT OF ACUTE AND CHRONIC DIARRHŒA, WITH SUB-NITRATE OF BISMUTH, at Camp Downey, Cal., and Finley Hospital, Washington, D.C. By JOHN B. TRASK, M.D., Acting Assistant-Surgeon, U.S.A. San Francisco, 1863: pp. 20.

DR. TRASK, the author of this pamphlet, was the former editor of the *Pacific Medical and Surgical Journal*. He entered the volunteer medical corps from California, and was subsequently placed in charge of the Finley Hospital, Washington. He conducted this institution with great success; every ward and even bed gave evidence of the most rigid discipline, while a table amply supplied with vegetables proved him well versed in the relations between diet and nutrition.

The object of this pamphlet is to bring to the attention of the profession sub-nitrate of bismuth as a remedy in diarrhœa, whether acute or chronic. Dr T. truly observes:—"Camp Diarrhœa" is one of those unaccountable, perplexing, annoying, and frequently obstinate maladies which all bodies of troops sooner or later suffer. To treat it successfully, and not decimate the strength of the command, often baffles the best directed efforts and skill of the surgeon." Passing over the discussion of the causes and conditions of this disease, we will come at once to the substance of the pamphlet. While in charge of Camp Downey, Cal., a severe form of diarrhœa appeared. The bismuth treatment was resorted to, with the following results:—

"The total number of cases submitted to the treatment of bismuth, combined and alone, at Camp Downey, numbers seventy-eight; the total of all the cases of diarrhœa from the 4th Sept. was ninety-four. The strength of the command during the period of the epidemic was five hundred rank and file. The following are the statistics of the treatment as appears on my sick-report, derived from entry, and return to duty. Between the 4th Sept. and the 22d, nineteen cases took the following for diarrhœa: Bismuth Sub-Nit. gr. xv., Sub-Mur. Hydrarg. gr. x. No other remedy. These cases returned to duty at the end of twenty-four hours. There were eight cases who took the following: Bismuth Sub-Nit. gr. x., Sub-Mur. Hyd. gr. x. The diarrhœa was arrested in thirty-six hours on an average. There was much nausea in some of these cases after this remedy had been taken, and, when it occurred, the patient had not more than three evacuations until twelve or fifteen hours afterwards; the discharges were then free, and usually amounted to four or five in number, and taking place at lengthening intervals. The first two discharges occurring at the end of this period were dark and tar-like; those which took place later were yellowish and slightly green. In four of these eight cases the green color in the feces proceeded from altered blood alone. On the second day a light dose of oil was given, and these men returned to duty. The twenty-seven cases here enumerated had the disease in its moderate form. There were twelve cases in which bismuth alone was given in doses of twenty grains. In all these the diarrhœa was promptly arrested within the day; not one of those men went to the sink after night. Within six hours after the exhibition of the remedy, the abdominal pains and flatulence ceased, and the men obtained sleep without the use of opiates; all these cases required a mild laxative on the following day, which was followed by one full and dark stool, and ordinarily two lighter ones within the twelve hours; they were returned to duty the following day. In fourteen cases with whom the disease was more severe, the following prescription was given: Bismuth Sub-Nit. gr. xxv., Sub-Mur. Hyd. gr. x. In the greater portion of this number there was much nausea following the use of the remedy, and which came on between one and two hours after it was taken. The diarrhœa was soon subdued, and with it the attending pain; this took place commonly within nine hours. In six of these cases the discharges continued until tattoo, but there were none after that hour; there were five others in which no movement of the bowels took place after the lapse of six hours. In four of these cases a laxative was required on the second day, from the action of which from three

to four passages followed; most of these cases returned to duty on the third day, and all of them on the fourth day from the beginning of the treatment.

"In seventeen cases similar in character to the preceding, the same quantity of Bismuth was given, with one-half the quantity, gr. v. Sub-Mur. Hyd. There was but one of this number who had any nausea after taking the remedy. The diarrhoea in all of these men was arrested during the day. In eight cases a laxative was required on the second day; all these patients but one returned to duty on the third day.

"In five cases on whom the malady was very severe—in which the discharges occurred each hour, with vomiting and nausea, as well as extreme prostration—the quantity of Bismuth exhibited was forty grains, with Sub-Mur. Hyd. grains three, at a single dose; in each the evacuations were promptly arrested, with the subsidence of the gastric disturbance. There were also three other cases in which fifty grains of the remedy as above was given. In all these eight cases there was no movement of the bowels at the expiration of eight hours; all of them required a laxative at the end of twenty-four hours."

It was not until he became the Surgeon-in-charge of the Finley Hospital, Washington, that he had an opportunity of proving the value of the bismuth in the chronic form of diarrhoea. It proved equally as successful as in the acute form. The following is the summary of its use in the chronic diarrhoeas:—

"Where the malady had existed over nine days, I regard it as belonging to the chronic stage, and use it as such. The number of patients on whom it has continued from ten to twelve days, was one hundred and fifteen; of this number seventy-five took Bismuth in doses of sixty grains, each day, at one dose; the longest period of the continuance of the diarrhoea was four days, the shortest period one day. Of the seventy-eight remaining, seven cases took each day eighty grains at one dose; the discharges ceased entirely in all on the fourth day. The remaining seventy-one took the same quantity of Bismuth in forty grain doses twice a day, with an average result of four and one-half days to the cessation of the evacuations from the period at which the remedy was first given. All that remain had the disease from twenty to two hundred and ten days; these foot up seventy-four cases. There were eleven of this number on whom it had existed from ninety-four days to the longest period named. With the exception of the latter, these men were treated with doses of sixty grains daily; a few of them took eighty grains in divided doses for one or two days. The average period of the treatment was five and one-half days, at which time the discharges ceased permanently. There were none of these cases that had less than six movements of the bowels within twenty-four hours, and in many of the cases they were nearly or quite doubled."

We are not altogether satisfied with Dr. Trask's views of the treatment of diarrhoeas, but we cannot doubt that bismuth has been very successful in his hands. The remedy is worthy of trial by army surgeons who are often so much perplexed by these cases.

## Correspondence.

### WARM WATER IN THE TREATMENT OF ACUTE OTITIS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In your issue of Aug. 15th there appears an article by Dr. D. B. St. John Roosa, in which the writer recommends warm water as a remedy for the excessive pain which always accompanies acute otitis. He also suggests that "Dr. V. Troltsch, of Wurzburg, Germany, was the first to recommend this remedy as particularly adapted to quieting pain in the ear."

More than twenty-five years ago, Dr. John Ramsey, now a retired physician, residing in this place, employed warm water freely and almost exclusively in a case of acute otitis, which was caused by an insect lodging in the auditory canal. Since that time he has often made use of

the same remedy with the happiest effects, particularly for the purpose of removing foreign bodies from the auditory passage. His method of operating has generally been to place the patient with his head lying flat upon a stand or table, with the affected ear looking upwards, so as to keep the water for some time in contact with the membrana tympani.

For the relief of that distressing complaint, otalgia, Dr. R. has also frequently employed this remedy, and generally with satisfactory results. I suppose it is of very little consequence who first used warm water in diseases of the ear, but if the discovery is worth publishing at all, let us place the credit where it belongs, and where it *does* belong I am quite unable to say.

I close with a brief description of a case which occurred in my own practice about four weeks ago. A stout, athletic man came to me late in the evening, half crazed with the incessant buzzing of an insect in his ear. I at once pursued the course specified above, injecting warm soap-and-water freely, with the patient's head lying flat upon the table. The buzzing gradually decreased, and soon ceased entirely, but the insect still remained lodged in the canal. I therefore concluded that it would have to be brought away piecemeal by repeated injections of water. The following morning, with the patient in the sitting posture, I injected a large and continuous stream of warm water, with a slight degree of force. In a short time I washed away a winged insect considerably larger than a common house-fly, which had evidently been dead some hours. My patient experienced no further trouble or annoyance. It seems to me that the necessity for *poking* in the ear for the removal of foreign bodies will rarely occur, if the water be faithfully and perseveringly tried.

Yours, etc.,

I. N. DANFORTH, M.D.

GREENFIELD, N. H., Aug. 27, 1863.

### PRIMARY EDUCATION OF MEDICAL MEN.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I think you do not over-estimate the primary or common-school education of the medical profession. As a contribution to the subject I inclose to you a few medical certificates which I have taken from the files of a public institution of this city. The certificates date back only a month or two. Hundreds more could be sent if necessary.

M.D.

This may certify that ——— has been confined on board of Canal Boat A Nelson laying at Pier 17 East River. It would be better for both mother and child to have her removed immediately.

This man sick under inflammatory rheumatism has spent his last money to Doctor to cure and unsuccessful he has been sick since last 6 weeks. Has been in the dispensary nothing can relieve him. . . I deliver him this present certificate.

This certifies that ——— born in the state of Connecticut lived in this City since last Feb'y. has been an inmate of this institution about one month. She has one hip dislocated and requires surgical treatment which are not at hand at this institution, she is therefore recommended to ———

This is to certify that ——— has been under my physical attention for the last three months suffering severely from a cold which settled on her lungs but as she is not able to pay any more expenses she wishes to be taken where she can have a proper attention hoping to recover ones more to health. This certificate is written in favor of ——— and as a true fact I signify the same with my own hand.

### FRACTURE OF THE SKULL FROM BLOWS OF THE FIST.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In the AMERICAN MEDICAL TIMES for Aug. 22, 1863, Dr. Alfred Mercer of Syracuse, N. Y., communicates a case of fracture of the skull by three blows of the fist. He describes the fracture, which was about the temporal region, and asks, "Could the fist have produced such a fracture?" \* \* Can any of your numerous readers, with illustrative cases, throw any light on the subject?"

A somewhat similar case to that reported by Dr. Mercer, occurred six or eight years ago in the city of Buffalo. A

Mr. Wentworth was struck, I think, two blows by a very powerful man named Weishuhn (pronounced Wizzoon), one blow being given when he was lying on the floor. Mr. W. was taken home, and died a few days after. Post-mortem revealed fracture of the skull. Weishuhn was tried and convicted of manslaughter. Several of the prominent medical men of the city testified in the case, including Professor F. H. Hamilton, then a resident of Buffalo, who performed a number of experiments on the cadaver to test the force required to fracture the skull, some of which I saw.

The trial, conducted on the part of the defence by Eli Cook, Esq., was reported in the daily papers, and I think very fully in the *Buffalo Medical Journal* of the month following.

Yours, etc.,

W. H. BUTLER, M.D.,  
Act.-Assist. Surg. U.S.A.

U.S. GENERAL HOSPITAL, ARMORY SQUARE,  
WASHINGTON, Aug. 27, 1863.

### FEEES FOR LIFE INSURANCE EXAMINATIONS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Some weeks ago you called the attention of the profession to the disproportionately small fee-charge for Life Insurance Examinations. I think something more should be said, and the attention of medical men and societies still further be directed to the redress of a grievance of long standing and wide diffusion.

The stability and security of Life Insurance Companies depend in a great measure upon their medical examiners; therefore the agents are charged to procure men of the best standing and ability in the profession. The examination must be of the closest and most searching kind, and consists of a careful scrutiny of all the organs, and an inquiry into the early history of the patient. A slight omission or error may bring a loss to the company of thousands of dollars.

And all this for the paltry sum of one dollar. This is the general custom, and the price agreed on in all the fee bills that I have seen.

Insurance Companies are not charitable institutions, but are for the most part very wealthy corporations, and should pay as much for such examinations as poor patients. Five dollars is as little as should be charged, and no respectable practitioner charges less in private practice for such examinations, nor can they afford to do it for less for these companies.

The matter is in the hands of the better class of the profession, and may be easily righted; and it is to be hoped that some concerted action may be taken in justice to ourselves and the public.

Yours, etc.,

P. J. FARNSWORTH, M.D.

LYONS, IOWA, Aug. 20, 1863.

## Army Medical Intelligence.

### ORDERS, CHANGES, &c.

The name of the Hospital Steamer "D. A. Janeway," has been changed to "Chas. McDougall."

Surgeon George Hammond, U.S.A., was lost overboard from the Hospital Steamer E. C. Wood, on the Mississippi. He is supposed to have been drowned, though hopes are entertained that he may have reached the shore, as he was an expert swimmer.

By direction of the President, Surgeon J. R. Brown, 82d Illinois Vols., is hereby dismissed the service of the United States, with loss of all pay and allowances, for disloyalty and treasonable language.

By direction of the President, Assistant-Surgeon Clifford J. Parker, 5th Pennsylvania Cavalry, is hereby dishonorably discharged the service of the United States, for signing a false certificate as to his physical condition.

Assistant-Surgeon Elbert Rowland, 127th New York Vols., dismissed by Special Orders No. 281, current series, from this office, for disobedience of orders, in failing to report for medical treatment in this city, is hereby restored to the service, provided the vacancy has not been filled, evidence of which must be obtained from the Governor.

The record of the General Court-Martial, in the case of Assistant-Surgeon Cyrus D. Tuck, 9th Maine Vols., promulgated in General Order 41, Headquarters Department of the South, dated September 25,

1862, not showing that the Court or Judge-Advocate was sworn, the sentence of dismissal is inoperative. The offence, however, of which the accused was proved and found guilty, would justify his summary dismissal. The President, therefore, directs that Assistant-Surgeon Cyrus D. Tuck, be dismissed from the service of the United States, from the twenty-fifth day of September, 1862.

Surgeon W. D. Stewart, U.S.V., will report in person without delay to Brig.-General B. F. Kelly, commanding Department of West Virginia, for duty in that Department.

Assistant-Surgeon A. Wall, 77th Ohio Vols., is hereby relieved from duty at Military Prison Hospital, Alton, Ill., and will at once join his regiment in the field.

Surgeon W. J. Sloan, U.S.A., is hereby relieved from duty as a member of the Board to retire disabled officers, convened by virtue of Special Orders 307, July 11, 1863, from this office, now in session at Wilmington, Del., and Surgeon E. J. Baily, U.S.A., is detailed as a member of said Board, in his place.

The following officers will at once proceed to Wilmington, Del., and report for examination to Major-General Irvin McDowell, President of the Retiring Board convened by Special Orders 307, July 22, 1863, from this office:—

Surgeon Burton Randall, U.S.A.; Surgeon J. J. B. Wright, U.S.A.

The following assignments of medical officers are hereby made:—

Assistant-Surgeon J. M. Shearer, 12th Pennsylvania Reserve Corps, now on duty in this city, will proceed without delay to join his regiment in the field.

Assistant-Surgeon Roberts Bartholow, now on duty at Fort Schuyler, N. Y., will report in person without delay to the Medical Director, Department of Washington, for duty.

Leave of absence is granted the following named officer on surgeon's certificate of disability:—

Assistant-Surgeon W. C. Stein, 58th New York Vols., for twenty days.

A Board of Officers, to consist of Major J. H. Bell, Invalid Corps, and Assistant-Surgeon Lewis Taylor, U.S.A., will assemble at Philadelphia, Penn., on the 13th instant, to examine all convalescents for admission to the Invalid Corps that may be found in the various hospitals in and around Philadelphia.

The Board will be governed by General Orders 212, of 1863, from the War Department, and such special instructions as may be issued by the Provost Marshal-General.

The Surgeons-in-charge of the various hospitals will furnish every facility in their power to assist the Board in the organization of companies of the Invalid Corps, and their temporary command.

The Quartermaster's Department will furnish transportation to Harrisburg, Penn., to all companies thus organized.

Leave of absence is hereby granted the following officers:—

Surgeon J. H. Baxter, U.S.V., for twenty days.

Surgeon D. W. Bliss, U.S.V., for twenty days for the benefit of his health.

Surgeon E. H. Gilbert, U.S.V., when relieved as Medical Director at Fort Monroe, Va., by Surgeon C. Sutherland, U.S.A., will report in person without delay for duty to Major-General Meade, commanding Army of the Potomac.

Assistant-Surgeon G. W. Johnson, 25th Indiana Vols., is hereby discharged the service of the United States for incompetence.

Surgeon Henry Root, 58th New York Vols., is hereby honorably discharged the service of the United States on account of physical disability.

Surgeon C. D. Moore, 13th Kentucky Vols., dismissed by Special Orders 244, of June 1, 1863, from this office, is hereby restored to his command, with pay from the time he rejoins his regiment for duty, provided the vacancy has not been filled, evidence of which must be obtained from the Governor.

The resignation of the following officer has been accepted by the President, to take effect from the date opposite his name:—

Surgeon E. C. Franklin, U.S.A., Aug. 5, 1863.

Leave of absence is granted the following named officer on surgeon's certificate of disability:—

Surgeon Geo. S. Gale, 1st Vermont Cavalry, for thirty days.

Surgeon W. H. Worthington, 93d Pennsylvania Vols., for twenty days.

The following assignment of medical officers is hereby made:—

Surgeon A. P. Meylert, U.S.V., now at Louisville, Ky., to be assigned to duty as Medical Purveyor in that city.

The following named medical officers are hereby detailed for duty connected with the draft in the following States, and will report at once by letter to the Provost Marshals-General:—

Maine,

New Hampshire, } Assistant-Surgeon H. E. Brown, U.S.A.

Vermont,

Massachusetts, } Surgeon A. N. McLaren, U.S.A.

Rhode Island,

Connecticut, } Surgeon L. A. Edwards, U.S.A.

New York: Assistant-Surgeon W. Webster, U.S.A.

Pennsylvania: Assistant-Surgeon C. H. Alden, U.S.A.

Leave of absence on surgeon's certificate of disability has been granted, for twenty days, to Surgeon N. D. Ferguson, 8th New York Cavalry,

and Assistant Surgeon D. C. Spalding, 6th Michigan Cavalry.

Leave of absence for fifteen days has been granted Acting Assistant-Surgeon F. P. Sprague, U.S.A.

Medical Inspector John Wilson, U.S.A., has been ordered to report in person for duty to the Medical Inspector-General.

Surgeon John Wilson, U.S.V., was promoted Medical Inspector, U.S.A., vice Barnes, promoted.

Surgeon G. W. Varnum's resignation has been accepted by the President, to take effect August 28, 1863.

The sanitary condition of the Departments of the South and the Gulf requiring special attention and care at this time, it is ordered:—

That Surgeon-General William A. Hammond proceed by the steamer sailing from New York to Hilton Head and Charleston harbor, thence to Key West and New Orleans. He will establish his Headquarters in the Department of the Gulf until further orders, giving his special personal attention to the medical branch of the service in that Department and in the Department of the South, securing the adoption of the proper sanitary measures required for the preservation of the health of the armies in those Departments. He will report to the Secretary of War every ten days.



## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 17th day of August to the 24th day of August, 1863.

**Deaths.**—Men, 130; women, 107; boys, 213; girls, 218; total, 668. Adults, 237; children, 426; males, 343; females, 820; colored, 10. Infants under two years of age, 347. Children born of native parents, 22; foreign, 335. Among the causes of death we notice:—Apoplexy, 3; infantile convulsions, 31; croup, 2; diphtheria, 14; scarlet fever, 4; typhus and typhoid fevers, 22; consumption, 61; small-pox, 3; measles, 3; dropsy in head, 26; infantile marasmus, 55; cholera-morbus, 2; cholera infantum, 149; inflammation of brain, 23; of bowels, 9; of lungs, 22; bronchitis, 2; effects of heat and sun-stroke, 25; erysipelas, 2; diarrhoea and dysentery, 48. 469 deaths occurred from acute diseases, and 44 from violent causes. 467 were native, and 169 foreign; of whom 130 came from Ireland; 81 died in the City Charities; of whom 25 were in Bellevue Hospital, and 9 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Aug. 1863.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature. °	Evaporation Below.	Barometer.	Wind.	Minimum Temperature. °	Evap. Below.	Barometer.	Wind.	Minimum Temperature. °	Evap. Below.	Barometer.	Wind.
16th.	70	71	9 30.00	N.E.	82	8	30.01	S.E.	78	4	30.03	N.E.
17th.	54	63	4 30.02	N.E.	67	8	30.05	N.E.	57	7	30.10	N.W.
18th.	49	50	8 30.18	N.E.	67	11	30.23	N.	63	7	30.24	S.
19th.	60	61	8 30.17	S.	82	9	30.10	S.	80	6	30.04	S. by W.
20th.	67	70	6 30.00	S.	85	9	29.98	S.	79	6	29.97	S.
21st.	68	70	5 29.96	S.	85	9	29.93	S. by E.	70	5	29.92	S.
22d.	74	74	6 29.84	N.	85	8	29.86	S.	79	5	29.87	S.

**REMARKS.**—16th. Clear day; fresh wind A.M., sultry P.M.; heavy thunder-storm during the evening. 17th. Light rain A.M., cloudy till 3 P.M., clear eve.; wind fresh all day. 18th. Pleasant day, with fresh wind. 19th, 20th, 21st, 22d. Mostly clear and very sultry. Rain for the week, one inch and a quarter.

## Medical Institution of Yale College.

The Course of Lectures for 1863-64 commences on Thursday, September 17th, and continues seventeen weeks.

JONATHAN KNIGHT, M.D., Professor of Surgery.  
WORTHINGTON HOOKER, M.D., Professor of Theory and Practice of Medicine.

BENJAMIN SILLIMAN, JR., M.D., Professor of Chemistry and Pharmacy.

PLINY A. JEWETT, M.D., Professor of Obstetrics and Medical Jurisprudence.

CHARLES A. LINDSLEY, M.D., Professor of Materia Medica and Therapeutics.

LEONARD J. SANFORD, M.D., Professor of Anatomy and Physiology.

Matriculation, \$5; Lecture Fees, \$68.50; Demonstrator's Ticket, \$5; Graduation Fee, \$15.

CHARLES A. LINDSLEY, M.D.,  
Dean of the Faculty.

NEW HAVEN, July 22d, 1863.

## Medical College of Ohio.

SESSION OF 1863-64.

The regular Course of Instruction in this Institution will open on Monday, the second day of November, and continue four months. Clinical Lectures will be delivered during the month of October.

## FACULTY.

L. M. LAWSON, M.D., Professor of the Institutes and Practice of Medicine.

GEO. C. BLACKMAN, M.D., Professor of Surgery and Clinical Surgery.

W. W. DAWSON, M.D., Professor of Anatomy and Physiology.

M. B. WRIGHT, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JAMES GRAHAM, M.D., Professor of Materia Medica and Therapeutics.

NELSON SAYLER, A.M., LL.B., Professor of Chemistry.

CHARLES KEARNS, M.D., Demonstrator of Anatomy.

## FEES.

Professor's Tickets, .....	\$60 00
Matriculation Ticket (payable once), .....	5 00
Dissecting Ticket, .....	5 00
Commercial Hospital Ticket, .....	5 00
St. John's Hospital Ticket, .....	3 00
Graduation Fee, .....	25 00

Students have the privilege of taking any number of tickets that may suit their purposes. Boarding can be obtained at \$2.50 to \$3.00 per week. Students will be aided in procuring boarding-houses by applying at the College, on the south side of Sixth street, between Vine and Race streets.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M.D., Dean,  
South-east corner Sixth and Race streets.

New York Medical College and  
CHARITY HOSPITAL.

No. 90 East 13th st., near 4th Avenue.

The 14th Annual Course of Lectures will commence on the 19th of October, 1863, and will continue until the first week of March, 1864.

## FACULTY.

BENJAMIN I. RAPHAEL, M.D., Professor of General and Military Surgery and Surgical Pathology.

A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.

E. NOEGGERATH, M.D., Professor of Clinical Midwifery and the Diseases of Women.

J. V. C. SMITH, M.D., Professor of Anatomy.

WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.

SAMUEL E. PERCY, M.D., Professor of Materia Medica and Therapeutics.

HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.

P. H. VAN DER WEYDE, M.D., Professor of Chemistry and Toxicology.

HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.

STEPHEN ROGERS, M.D., Professor of Physiology.

JOSEPH SHNETTER, Lecturer on Microscopic Anatomy.

JAMES E. STEELE, M.D., Demonstrator of Anatomy, and Curator of the Museum.

JOHN H. THOMPSON, M.D., Professor to the Professor of Surgery.

F. S. SNEAD, Janitor.

A preliminary term will commence on September 14th, and continue until the regular term begins. The term will be GRATIS to those Students who intend taking a full winter course, and will be as follows:—

On Military Surgery, by ..... PROF. RAPHAEL.

On Congenital Malformations, ..... PROF. JACOBI.

On Bandaging ..... PROF. HOLCOMB.

On Ovarian Dropsy ..... PROF. NOEGGERATH.

On Auscultation and Percussion ..... PROF. COX.

On Poisons and their Antidotes ..... PROF. VAN DER WEYDE.

On the Examination of Recruits ..... PROF. ANTHON.

Demonstrations with the Microscope ..... DR. SHNETTER.

Anatomy and Physiology of the Kidney ..... PROF. ROGERS.

Material for dissection is abundant.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, etc., may be obtained by

addressing

PROF. B. I. RAPHAEL.

Dean of the Faculty.

No. 91 Ninth St., New York.

## Geneva Medical College.—The Ses-

sion of 1863-64 will begin on Wednesday, Oct. 7, 1863, and continue sixteen weeks.

## FACULTY.

JOHN TOWLER, M.D.,

Dean and Registrar.

JAMES HADLEY, M.D.,

Emeritus Professor of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

FREDERICK HYDE, M.D., Professor of Principles and Practice of Surgery.

GEORGE BURR, M.D., Professor of General and Special Anatomy.

NELSON NIVISON, M.D., Professor of Physiology and Pathology.

HIRSH N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.

..... Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.\*

LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, payable in advance.—Matriculation, \$3. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical material, \$5.

Special attention paid to Military Surgery.

Further information may be obtained by addressing

J. TOWLER, Dean of the Faculty, Geneva, N. Y.

\* R. Stone, M.D., will perform the duties of this department.

## The "Elixir of Calisaya Bark"—

was introduced to the notice of the Faculty in 1830, by J. Milhau, the sole Inventor. None of these numerous firms were in existence, who, rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively known title; it is therefore presumable that physicians in prescribing, as for over thirty years, have reference solely to the original article made by J. MILHAU & SON. Also, the CHALYBEATE ELIXIR OF CALISAYA BARK (copy-righted), being the above preparation with the addition of two grains of the celebrated Pyrophosphate of Iron to each wineglassful.

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**REFERENCES.**

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GERDON BUCK, M.D.,  
F. H. HAMILTON, M.D., Brigade Surgeon of U.S.A.,  
WM. H. VAN BUREN, M.D.,  
STEPHEN SMITH, M.D.,  
THOMAS MARKEE, M.D.,  
JAMES R. WOOD, M.D.,  
DAVID P. SMITH, M.D., Surgeon U.S.A.

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References:—JAMES E. WOOD, M.D., LEWIS A. SAYRE, M.D., STEPHEN SMITH, M.D., B. F. BACHE, M.D., U.S.N.  
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Editor Buffalo Med. and Surg. Jour.,  
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NOV. 3, 1863.